



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANTS: Hetzer et al. GROUP ART UNIT: 2853
SERIAL NO.: 09/911,811 EXAMINER: L. Liang
FILED: July 24, 2001 CONFIRMATION NO.: 6272
TITLE: "ARRANGEMENT AND METHOD FOR DATA FOLLOW UP
FOR WARMUP CYCLES OF INK JET PRINT HEADS"

#12/Amelt A
H. D. W.
5/24/03

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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MAY 27 2003
TECHNOLOGY CENTER 2800

S I R:

In response to the Office Action dated February 21, 2003 Applicants herewith
amend the application as follows.

05/23/2003 SDENBOB1 00000120 09911811

01 FC:1202

18.00 OP



2853/8

TELEPHONE (312) 258-5500

SCHIFF HARDIN & WAITE

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 2853

INVENTOR APPLICATION OF: Hetzer et al.

SERIAL NO.: 09/911,811

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Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED							RECEIVED MAY 27 2003 TECHNOLOGY CENTER 2800
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE	
TOTAL CLAIMS	*24	MINUS	23	X 1	() X 9.00 (X) X 18.00	\$18.00	
INDEP. CLAIMS	*2	MINUS	3	X	() X 42.00 () X 84.00		
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$140.00 () \$280.00 ONE TIME		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$18.00	

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ **18.00** is attached.

☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on May 20, 2003

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

May 20, 2003

DATE